

By Express Mail #EV353806247US

Attorney Docket No.: 5083-37

Check box if applicable: ☐ DUPLICATE

UTILITY PATENT APPLICATION TRANSMITTAL

Submit an original and a duplicate for fee processing

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Dated: October 14, 2003



Mail Stop **Patent Application**
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing is the utility patent application of:

Inventor(s): Jochen HEINZ, Alexander ROLLE, Dieter SCHILLING

For: Tamper-Evident Closure for a Syringe

Enclosed are:

1. Transmittal letter (2x) with Fee Computation Sheet
2. General Authorization For Payment of Fees (2x)
3. Title Page, Specification, Claims 1 to 14 & Abstract (19 pages [total number of pages of application])
4. Unexecuted Declaration and Power of Attorney (3 p.)
5. Three (3) sheets of drawings (Figs. 1 to 7)
6. Check for \$378.00 for filing fee
7. Information Disclosure Statement
8. For PTO/SB/08A (04-03) with cited references (2 docs.)
9. Return Receipt Postcard

Small entity status claimed.

This application is to be assigned to: **Transcoject Gesellschaft für medizinische Geräte mbH & Co. KG**

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☐ Please charge my Deposit Account No. 03-2412 in the amount of \$_. A duplicate copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this application or credit any overpayment to Deposit Acct. No. 03-2412.

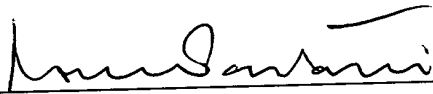
☒ Any additional filing fees required under 37 CFR 1.16.

☒ Any patent application processing fees under 37 CFR 1.17

☒ Any filing fees under 37 CFR 1.16 for presentation of extra claims.

☒ Priority is claimed for this invention and application, corresponding applications having been filed in **Germany** on **October 15, 2002**, No. **102 47 965.8**.

Respectfully submitted,
COHEN, PONTANI, LIEBERMAN & PAVANE

By: 
Thomas C. Pontani
Reg. No. 29,763

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Patent

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Jochen HEINZ et al.

Serial No.: n/a

Filed: concurrently

For: Tamper-Evident Closure for a
Syringe

Check box if applicable:

☐ DUPLICATE

**GENERAL AUTHORIZATION FOR PAYMENT OF FEES
AND PETITIONS FOR EXTENSIONS OF TIME**

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Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 03-2412

- ☒ Any filing fees required under 37 CFR §1.16.
- ☒ Any patent application processing fees under 37 CFR §1.17 not otherwise paid by check.
- ☒ The issue fee set in 37 CFR 1.18 at 3 months from mailing of the Notice of Allowance, pursuant to 37 CFR 1.311 (b) provided the fee has not already been paid by check.
- ☒ Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,
COHEN, PONTANI, LIEBERMAN & PAVANE

By

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FILING FEE COMPUTATION SHEET

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In re Application of: **Jochen HEINZ et al.**
For: **Tamper-Evident Closure for a Syringe**

The filing fee has been calculated as shown below:

FOR:	Col. 1	Col. 2	SMALL ENTITY	OTHER THAN SMALL ENTITY
	# FILED	# EXTRA		
BASIC FEE			\$378	\$770
TOTAL CLAIMS	<u>14</u> - 20 =	<u>0</u>	x 9 = \$ -0-	x 18 = \$
INDEPENDENT CLAIMS	<u>1</u> - 3 =	<u>0</u>	x 43 = \$ -0-	x 86 = \$
<input type="checkbox"/> MULTIPLE DEPENDENCY			+\$145 = \$ -0-	+290 \$
* If the difference in Col. 1 is less than zero, enter "0" in Col. 2			TOTAL: \$378	\$